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HCFA

Health Care Financing Administration

U.S. Department of Health and Human Services

MEDICARE HOSPITAL MORTALITY INFORMATION

Medicare is a Federal health insurance program for people 65 and older and certain disabled people. It helps pay for inpatient hospital care, inpatient care in a skilled nursing facility, medically necessary physicians' services, outpatient hospital services and a number of other medical services and supplies.

Medicare is run by the Health Care Financing Administration (HCFA) which has a two-fold responsibility—financing these health care services and ensuring that the care provided is of high quality. It is out of this second responsibility that all effectiveness efforts—including the Medicare Hospital Mortality Information (MHMI)—flow. The MHMI monitors one aspect of inpatient hospital care—mortality—in an effort to identify particular problem areas in any of the almost 6,000 Medicare-certified acute care hospitals in the United States.

In preparing this annual report, HCFA researchers analyze billing information routinely submitted by our financial intermediaries. No new data collection efforts are necessary. In preparing the 1987 MHMI report, we extracted information on the last inpatient hospital stay of each Medicare beneficiary in 1987. (We also extracted information for 1986, and provided comparable information for the 2 calendar years in the 1987 report.) We ascertained the patient's sex, age, principal admitting diagnosis, comorbid conditions present, prior admissions and transfer status. After combining this information for all Medicare patients admitted to the particular hospital, we used a logistic regression formula to develop a predicted range of mortality for that institution. We developed this range both for all cases and for each of 16 specialized diagnostic categories. Using information maintained by the Social Security Administration, we ascertained which patients had died within 30 days of their last hospital admission, calculated the actual mortality rate based on that information, and then compared it to the predicted mortality ranges.

In September 1988, every hospital included in the MHMI received a draft copy of the mortality analysis for patients admitted in 1986 and 1987 and was given the opportunity to make any comments on the results which appeared useful in explaining the special circumstances which applied to its situation. On December 15, 1988, HCFA released a report which included the actual mortality rates and the predicted mortality ranges for 1986 and 1987; information on hospital characteristics such as bed size, occupancy rate, ownership, staffing, and specialty services; and any hospital-provided comments.

We expect the primary users of this information to be hospital administrators, physicians, peer review organizations, State survey and certification agencies and researchers. The information is not intended to be, nor should it be used as, a direct measure of quality of care. The information is best used as a "screening tool"—that is, to identify potential problems for further review and in consultation with medical staff to evaluate a hospital's strengths and weaknesses. Patients are playing an increasingly important role in the doctor-patient relationship and the medical decision-making process. Consumers can use this information to ask questions of their physicians, rather than reach judgments about the quality of care in a particular hospital. Finally, HCFA will find the information valuable in fulfilling our responsibility to monitor the quality of care provided to our beneficiaries.

For additional information, you may contact Paul Elstein, (301) 966-6885 or (FTS) 646-6885.

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